

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # RECEIVED (Ethics Commission File #) CITY OF SAN ANTONIO CITY CLERK		2 Total pages filed: 7		
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX			
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Date Received		
	P.O. BOX 831476 SAN ANTONIO, TX 78283			Date Hand-delivered or Date Postmarked		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI	Receipt #		
	NICKNAME	LAST	SUFFIX	Amount		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			Date Processed		
	204 GOODWIN SAN ANTONIO TX 78204			Date Imaged		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(210)	229-1103				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)					
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 3/27/01 4/25/01					
10 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)		
	N/A			CITY COUNCIL DIST. 5		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **					
	Name					
	N/A					
Address / PO Box; Apt / Suite #; City; State; Zip Code						
N/A						
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

ROBERT T. AROCHA

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

ACCOUNT # (Ethics Commission files)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

N/A

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE
ACTIVITY

N/A

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

375.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

375.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

508.85

4. TOTAL POLITICAL EXPENDITURES

\$

5330.89

OUTSTANDING
LOAN TOTALS

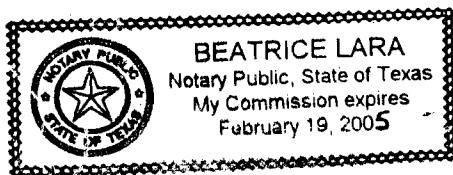
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

14,000.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Robert T. Arocha
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ROBERT T. AROCHA this the 27 day of APRIL, 20 01, to certify which, witness my hand and seal of office.

Beatrice Lara
Signature of officer administering oath

BEATRICE LARA
Printed name of officer administering oath

Notary Public
Title of officer administering oath

LOANS**SCHEDULE E**

RECEIVED

CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule E: 1

2 FILER NAME

ROBERT T. AROCHA

2001 APR 27

3 ACCOUNT # (Ethics Commission filers) P 551

4

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

3/29/01

7 Name of lender☐ out-of-state PAC (ID#: _____)

ROBERT T. AROCHA

9 Loan Amount (\$)

\$ 5000.00

6 Is lender a financial institution?

Y

(N)

8 Lender address; City; State; Zip Code727 W. KIRK
SAN ANTONIO, TX 79226**10 Interest rate**

0%

11 Maturity date

8/20/01

12 Description of Collateral☒ none**13 GUARANTOR INFORMATION**☒ not applicable**14 Name of guarantor****16 Amount Guaranteed (\$)****15 Guarantor address; City; State; Zip Code****17 Principal Occupation****18 Employer****Date of loan****Name of lender**☐ out-of-state PAC (ID#: _____)**Loan Amount (\$)****Is lender a financial institution?**

Y

N

Lender address; City; State; Zip Code**Interest rate****Maturity date****Description of Collateral**☐ none**GUARANTOR INFORMATION**☐ not applicable**Name of guarantor****Amount Guaranteed (\$)****Guarantor address; City; State; Zip Code****Principal Occupation****Employer****ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

Total pages Schedule F:

2 FILER NAME**ROBERT T. AROCHA**

2001 APR 27

ACCOUNT # (Ethics Commission filers)

4 Date

3/29/01

5 Payee name

SAN ANTONIO POST NEWSPAPER

7Amount
(\$)

200.00

6 Payee address; City; State; Zip CodeP.O. BOX 14463
SAN ANTONIO, TX 78214**8 Purpose of payment (See instructions regarding type of information required.)**

POL. ADVERTISEMENT

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/30/01

Payee name

JESUS L. RODRIGUEZ

Amount
(\$)

500.00

Payee address; City; State; Zip Code755 DARBY BLVD
SAN ANTONIO, TX 78207**Purpose of payment (See instructions regarding type of information required.)**

CAMPAIGN MGR.

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

4/2/01

Payee name

OFFICE DEPOT

Amount
(\$)

58.24

Payee address; City; State; Zip Code2321 S.W. MILITARY DR.
SAN ANTONIO, TX 78224**Purpose of payment (See instructions regarding type of information required.)**

OFFICE SUPPLIES

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

4/4/01

Payee name

ACE MART REST SUPPLY

Amount
(\$)

97.04

Payee address; City; State; Zip Code411 S. FLORES
SAN ANTONIO, TX 78204**Purpose of payment (See instructions regarding type of information required.)**

DONATION TO SENIOR CENTER

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

Total pages Schedule F:

2 2 4

2 FILER NAME

ROBERT T. AROCHA

2001 APR 27 P 3:51

ACCOUNT # (Ethics Commission filers)

4 Date

4/6/01

5 Payee name

JESUS L. RODRIGUEZ

7

Amount
(\$)

500.00

6 Payee address; City; State; Zip Code

755 DARBY BLVD
SAN ANTONIO, TX 78207

8 Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN MGR

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4/6/01

Payee name

JESUS L. RODRIGUEZ

Amount
(\$)

200.00

Payee address; City; State; Zip Code

755 DARBY BLVD
SAN ANTONIO TX 78207

Purpose of payment (See instructions regarding type of information required.)

POL. HAND OUTS

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4/6/01

Payee name

ANNETTE MEDEL

Amount
(\$)

450.00

Payee address; City; State; Zip Code

3021 W. MILITARY DR.
SAN ANTONIO TX 78227

Purpose of payment (See instructions regarding type of information required.)

BLOCKWALKERS

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4/13/01

Payee name

JESUS L. RODRIGUEZ

Amount
(\$)

500.00

Payee address; City; State; Zip Code

755 DARBY
SAN ANTONIO, TX 78207

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN MGR.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

Total pages Schedule F:

3, 4

2 FILER NAME

ROBERT T. AROCHA

2001 APR 27

ACCOUNT # (Ethics Commission filers)

4 Date

4/13/01

5 Payee name

ANNETTE MEDEL

7Amount
(\$)

450.00

6 Payee address; City; State; Zip Code8021 W. MILITARY DR.
SAN ANTONIO, TX 78227**8 Purpose of payment (See instructions regarding type of information required.)**

BLOCKWALKERS

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4/17/01

Payee name

KINKO'S

Amount
(\$)

97.09

Payee address; City; State; Zip Code3740 NW LOOP 410
SAN ANTONIO, TX 78229**Purpose of payment (See instructions regarding type of information required.)**

COPIES OF HANDOUTS

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

4/20/01

Payee name

JESUS L. RODRIGUEZ

Amount
(\$)

500.00

Payee address; City; State; Zip Code755 DARBY
SAN ANTONIO, TX 78207**Purpose of payment (See instructions regarding type of information required.)**

CAMPAIGN MGR.

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

4/20/01

Payee name

ANNETTE MEDEL

Amount
(\$)

600.00

Payee address; City; State; Zip Code8021 W. MILITARY DR.
SAN ANTONIO, TX 78227**Purpose of payment (See instructions regarding type of information required.)**

CAMPAIGN MGR.

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

Total pages Schedule F:

4 7 4

2 FILER NAME

ROBERT T. AROCHA

2001 APR 27 P 3:57

3 ACCOUNT # (Ethics Commission filers)

57

4 Date

4/23/01

5 Payee name

OFFICE DEPOT

7Amount
(\$)

70.12

6 Payee address; City; State; Zip Code2321 S.W. MILITARY DR.
SAN ANTONIO, TX 78224**8 Purpose of payment** (See instructions regarding type of information required.)

COPIES OF HANDOUT

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4/23/01

Payee name

LA PRENSA

Amount
(\$)

310.56

Payee address; City; State; Zip Code318 SOUTH FLORES
SAN ANTONIO, TX 78204**Purpose of payment** (See instructions regarding type of information required.)

ADVERTISING & PROMO

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

4/24/01

Payee name

SOUTHWESTERN BELL

Amount
(\$)

221.03

Payee address; City; State; Zip CodeP.O. BOX 4845
HOUSTON TX 77097**Purpose of payment** (See instructions regarding type of information required.)

TELEPHONE

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

4/25/01

Payee name

CREATIVE EDGE PRINTING & INV.

Amount
(\$)

67.96

Payee address; City; State; Zip Code611 W. THEO AVE
SAN ANTONIO, TX 78225**Purpose of payment** (See instructions regarding type of information required.)

PRINTING CALLING CARDS

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

13

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE

FIRST

MI

ROBERT

T.

NICKNAME

LAST

SUFFIX

AROCCHA

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

P.O. BOX 831476

SAN ANTONIO TX

78283

☐ Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE

FIRST

MI

LORIE

S.

NICKNAME

LAST

SUFFIX

SEMIEN

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

204 GOODWIN

SAN ANTONIO

TX

78204

7 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210)

229-1103

8 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month

Day

Year

01/01/2001

THROUGH

Month

Day

Year

03/26/2001

10 ELECTION

Month

Day

Year

05/05/2001

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

11 OFFICE

OFFICE HELD (if any)

N/A

12 OFFICE SOUGHT (if known)

CITY COUNCIL DIST. 5

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

N/A

Address / PO Box: Apt. / Suite #: City: State: Zip Code

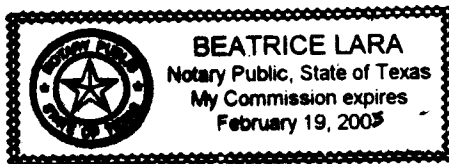
☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME <u>ROBERT T. AROCHA</u>		15 ACCOUNT # (Ethics Commission files)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	<p>.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..</p>		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	<u>N/A</u>	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
<input type="checkbox"/> additional pages	COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 NO REPORTABLE ACTIVITY <u>N/A</u>	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 of this report.)		
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ <u>280.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ <u>280.00</u>
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$
	4. TOTAL POLITICAL EXPENDITURES		\$ <u>5655.49</u>
	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ <u>9000.00</u>

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Robert T. Arocha
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ROBERT T. AROCHA, this the 5th day of April, 2001, to certify which, witness my hand and seal of office.

Beatrice Lara
Signature of officer administering oath

BEATRICE LARA
Printed name of officer administering oath

Notary Public
Title of officer administering oath

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

ROBERT T. AROCHA

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

2/1/01

7 Name of lender

ROBERT T. AROCHA

☐ out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

\$ 3000.00

6 Is lender a financial Institution?

Y

(N)

8 Lender address; City; State; Zip Code

727 W. KIRK
SAN ANTONIO, TX 78226

10 Interest rate

0%

11 Maturity date

6/20/01

12 Description of Collateral

☒ none

13 GUARANTOR INFORMATION

☒ not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2001 APR - 5 P

17 Principal Occupation

18 Employer

Date of loan

3/1/01

Name of lender

ROBERT T. AROCHA

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

\$ 3000.00

Is lender a financial Institution?

Y

(N)

Lender address; City; State; Zip Code

727 W. KIRK
SAN ANTONIO, TX 78226

Interest rate

0%

Maturity date

7/20/01

Description of Collateral

☒ none

GUARANTOR INFORMATION

☒ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 10

2 FILER NAME

ROBERT T. AROCHA

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/13/01

5 Payee name

OFFICE DEPOT

7

Amount
(\$)

\$ 19.42

6 Payee address; City; State; Zip Code

2321 SW MILITARY DR.
SAN ANTONIO, TX 78224

8 Purpose of payment (See instructions regarding type of information required.)

COPIES OF HAND OUTS

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

2/13/01

Payee name

ALLIED ADVERTISING

Amount
(\$)

\$ 1299.29

Payee address; City; State; Zip Code

3700 BLANCO RD
SAN ANTONIO, TX 78212

Purpose of payment (See instructions regarding type of information required.)

POLITICAL SIGNS

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

2/16/01

Payee name

JESUS RODRIGUEZ

Amount

\$ 500.00

Payee address; City; State; Zip Code

755 DARBY BLVD
SAN ANTONIO, TX 78207

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN MGR

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

2/16/01

Payee name

JESUS RODRIGUEZ

Amount
(\$)

\$ 24.00

Payee address; City; State; Zip Code

755 DARBY BLVD
SAN ANTONIO, TX 78207

Purpose of payment (See instructions regarding type of information required.)

FUEL & PARKING REIMB.

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURESRECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR -5

P 1

Total pages Schedule F:

4:05

2 + 10

2 FILER NAME

ROBERT T. AROCHA

3 ACCOUNT # (Ethics Commission filers)**4 Date**

2/18/01

5 Payee name

HEB

6 Payee address; City; State; Zip Code721 CASTROVILLE RD
SAN ANTONIO, TX 79201**7 Amount (\$)**

\$ 11.35

8 Purpose of payment (See instructions regarding type of information required.)

SUPPLIES - HAND OUT

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

2/20/01

Payee name

GUADALUPE LUMBER CO.

Payee address; City; State; Zip Code1547 S. ZARZAMORA
SAN ANTONIO, TX 78207**Amount (\$)**

\$ 6.46 --

Purpose of payment (See instructions regarding type of information required.)

SUPPLIES - SIGNS

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

2/21/01

Payee name

KINKO'S

Payee address; City; State; Zip Code3740 NW LOOP 410
SAN ANTONIO, TX 78229**Amount (\$)**

\$ 15.42

Purpose of payment (See instructions regarding type of information required.)

COPIES OF HAND OUTS

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

2/21/01

Payee name

CITY OF SAN ANTONIO

Payee address; City; State; Zip CodeCITY HALL 2ND FLOOR MILITARY PLZ
CITY CLERK OFFICE**Amount (\$)**

\$ 3.90

Purpose of payment (See instructions regarding type of information required.)

COPIES OF C&E

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 2001 APR -5 P 4:05

1 Total pages Schedule F:
3 + 10

2 FILER NAME

ROBERT T. AROCHA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

OFFICE DEPOT

7 Amount
(\$)

2/23/01

6 Payee address; City; State; Zip Code

2321 SW MILITARY DR
SAN ANTONIO, TX 78224

\$ 130.31

8 Purpose of payment (See instructions regarding type of information required.)

SUPPLIES & COPIES

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

JESUS RODRIGUEZ

Amount
(\$)

2/23/01

Payee address; City; State; Zip Code

755 DARBY
SAN ANTONIO TX 78207

\$ 500.00 -

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN MGR.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

JESUS RODRIGUEZ

Amount
(\$)

2/23/01

Payee address; City; State; Zip Code

755 DARBY
SAN ANTONIO, TX

\$ 20.00

Purpose of payment (See instructions regarding type of information required.)

FUEL & PARKING

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

OFFICE DEPOT

Amount
(\$)

2/25/01

Payee address; City; State; Zip Code

2321 SW MILITARY DR
SAN ANTONIO, TX 78224

\$ 11.33

Purpose of payment (See instructions regarding type of information required.)

COPIES OF HAND OUTS

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR -5 P 4: 05 pages Schedule F: 4 of 10

2 FILER NAME

ROBERT T. AROCHA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

BILL MILLER BBQ

7 Amount (\$)

\$ 11.76

6 Payee address; City; State; Zip Code

3514 S. ZARZAMORA
SAN ANTONIO, TX 79225

8 Purpose of payment (See instructions regarding type of information required.)

MEALS - BLOCKWALKERS

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

OFFICE DEPOT

Amount (\$)

\$ 61.67 -

Payee address; City; State; Zip Code

2321 S W MILITARY DR.
SAN ANTONIO, TX 79224

Purpose of payment (See instructions regarding type of information required.)

COPIES OF HAND OUTS

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

U.S. POSTAL

Amount (\$)

\$ 13.60

Payee address; City; State; Zip Code

1140 S. LAREDO ARSENAL STATION
SAN ANTONIO, TX

Purpose of payment (See instructions regarding type of information required.)

POSTAGE

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

JESUS RODRIGUEZ

Amount (\$)

\$ 500.00

Payee address; City; State; Zip Code

755 DARBY BLVD
SAN ANTONIO, TX 78207

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN MGR

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

2001 APR - 5 1 P 4:05 Total pages Schedule F: 5 of 10

The INSTRUCTION GUIDE explains how to complete this form.

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

ROBERT T. AROCHA

4 Date

3/2/01

5 Payee name

JESUS RODRIGUEZ

6 Payee address:

City: State: Zip Code

755 DARBY BLVD.
SAN ANTONIO, TX 78207

7

Amount (\$)

\$ 20.55

8 Purpose of payment (See instructions regarding type of information required.)

FUEL & PARKING REIMB.

9

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

3/3/01

Payee name

OFFICE DEPOT

Payee address:

City: State: Zip Code

2321 SW MILITARY DR
SAN ANTONIO, TX 78224

Amount (\$)

\$ 43.70 -

Purpose of payment (See instructions regarding type of information required.)

COPIES OF HANDOUTS

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

3/4/01

Payee name

HEB

Payee address:

City: State: Zip Code

721 CASTROVILLE RD
SAN ANTONIO, TX 78201

Amount (\$)

\$ 27.18

Purpose of payment (See instructions regarding type of information required.)

GIFT - CHURCH BINGO

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

3/5/01

Payee name

HEB

Payee address:

City: State: Zip Code

721 CASTROVILLE RD
SAN ANTONIO, TX 78201

Amount (\$)

\$ 57.21

Purpose of payment (See instructions regarding type of information required.)

DEVELOPE PHOTOS

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

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Revised 04/04/2000

POLITICAL EXPENDITURES

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CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR -5 P 4:05

Total pages Schedule F:

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2 FILER NAME

ROBERT T. AROCHA

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/7/01

5 Payee name

CREATIVE EDGE PRINTING & INV.

6 Payee address; City; State; Zip Code

611 W. THEO AVE
SAN ANTONIO, TX 78225

7 Amount (\$)

\$ 67.96

8 Purpose of payment (See instructions regarding type of information required.)

CALLING CARDS

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/9/01

Payee name

JESUS RODRIGUEZ

Payee address; City; State; Zip Code

755 DARBY BLVD
SAN ANTONIO, TX 78207

Amount (\$)

\$ 500.00

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN MGR

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/9/01

Payee name

JESUS RODRIGUEZ

Payee address; City; State; Zip Code

755 DARBY BLVD
SAN ANTONIO, TX 78207

Amount (\$)

\$ 24.31

Purpose of payment (See instructions regarding type of information required.)

REIMB. FUEL & COPIES

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/10/01

Payee name

BILL MILLER BBQ

Payee address; City; State; Zip Code

3514 S. ZARZAMORA
SAN ANTONIO, TX 78225

Amount (\$)

\$ 6.19

Purpose of payment (See instructions regarding type of information required.)

MEALS- BLOCKWALKERS

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURESRECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR -5 P 4: 05

Total pages Schedule F:

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2 FILER NAME

ROBERT T. AROCHA

3 ACCOUNT # (Ethics Commission filers)**4 Date**

3/10/01

5 Payee name

ANNETTE MEDEL

6 Payee address; City; State; Zip Code8021 N. MILITARY DR
SAN ANTONIO, TX 78227**7**Amount
(\$)

\$ 526.96

8 Purpose of payment (See instructions regarding type of information required.)ANNOUNCEMENT PARTY
AT FR BENAVIDES PARK**9** ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/15/01

Payee name

BILL MILLER BBQ

Payee address; City; State; Zip Code3514 S. ZARZAMORA
SAN ANTONIO, TX 78225Amount
(\$)

\$ 9.98

Purpose of payment (See instructions regarding type of information required.)

MEAL - BLOCKWALKER

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

3/15/01

Payee name

PANCHITOS REST

Payee address; City; State; Zip Code1705 S. ZARZAMORA
SAN ANTONIO, TX 78207Amount
(\$)

\$ 16.82

Purpose of payment (See instructions regarding type of information required.)

MEAL - BLOCKWALKERS

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

3/16/01

Payee name

JESUS RODRIGUEZ

Payee address; City; State; Zip Code755 DARBY BLVD
SAN ANTONIO, TX 78207Amount
(\$)

\$ 500.00

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN MTR.

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES

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CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

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1 Total pages Schedule F:

8 of 10

2 FILER NAME

ROBERT T. AROCAA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

JESUS RODRIGUEZ

7

Amount
(\$)

3/16/01

6 Payee address; City; State; Zip Code

755 DARBY BLVD

SAN ANTONIO, TX 78207

\$ 20.00

8 Purpose of payment (See instructions regarding type of information required.)

REIM FUEL & PARKING

9

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Mc COUS

Amount
(\$)

3/19/01

Payee address; City; State; Zip Code

1654 S GEN McMULLEN

SAN ANTONIO, TX 78237

\$ 29.10 -

Purpose of payment (See instructions regarding type of information required.)

SUPPLIES- SIGNS

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

SANTA MARIA REST

Amount
(\$)

3/21/01

Payee address; City; State; Zip Code

1142 CUPPLES RD

SAN ANTONIO, TX 78226

\$ 12.74

Purpose of payment (See instructions regarding type of information required.)

MEALS - BLOCKWALKERS

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

BILL MILLER BBQ

Amount
(\$)

3/22/01

Payee address; City; State; Zip Code

3514 S. ZARZAMORA

SAN ANTONIO, TX 78225

\$ 14.07

Purpose of payment (See instructions regarding type of information required.)

MEALS - BLOCKWALKERS

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES

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CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

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2 FILER NAME

ROBERT T. AROCHA

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/23/01

5 Payee name

CREATIVE EDGE PRINTING

6 Payee address; City; State; Zip Code

611 W. THEO AVE
SAN ANTONIO, TX 78225

7 Amount (\$)

\$ 67.96

8 Purpose of payment (See instructions regarding type of information required.)

CALLING CARDS

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/23/01

Payee name

JESUS RODRIGUEZ

Payee address; City; State; Zip Code

755 DARBY BLVD
SAN ANTONIO, TX 78207

Amount (\$)

\$ 500.00

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN MGR

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/23/01

Payee name

JESUS RODRIGUEZ

Payee address; City; State; Zip Code

755 DARBY BLVD
SAN ANTONIO, TX 78207

Amount (\$)

\$ 28.85

Purpose of payment (See instructions regarding type of information required.)

FUEL & PARKING REIMB.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/29/01

Payee name

OFFICE DEPOT

Payee address; City; State; Zip Code

2321 S.W. MILITARY DR
SAN ANTONIO, TX 78224

Amount (\$)

\$ 26.97

Purpose of payment (See instructions regarding type of information required.)

CALLING CARDS

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR -5 P 4: 09

Total pages Schedule F:

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2 FILER NAME

ROBERT T. AROCHA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

BILL MILNER BBQ

7 Amount (\$)

3/25/01

6 Payee address; City; State; Zip Code

3914 S. ZARZAMORA
SAN ANTONIO, TX 78225

\$ 10.73

8 Purpose of payment (See instructions regarding type of information required.)

MEAL BLOCKWALKERS

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

EZ SHOP

Amount (\$)

3/25/01

Payee address; City; State; Zip Code

1211 CUPPIES
SAN ANTONIO, TX 78226

\$ 15.70 -

Purpose of payment (See instructions regarding type of information required.)

COPIES OF HAND OUTS

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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